



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES

REQUEST FOR PROPOSALS # 35910-06732
AMENDMENT 3
Therapeutic Family Preservation and Reunification Services

DATE: March 30, 2022

RFP # 35910-06732 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		February 22, 2022
2. Disability Accommodation Request Deadline	2:00 p.m.	February 25, 2022
3. Notice of Intent to Respond Deadline	2:00 p.m.	February 28, 2022
4. Written "Questions & Comments" Deadline	2:00 p.m.	March 4, 2022
5. State Response to Written "Questions & Comments"		March 30, 2022
6. Response Deadline	2:00 p.m.	April 8, 2022
7. State Completion of Technical Response Evaluations		April 15, 2022
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	April 18, 2022
9. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	April 20, 2022
10. End of Open File Period		April 27, 2022
11. State sends contract to Contractor for signature		April 28, 2022
12. Contractor Signature Deadline	2:00 p.m.	May 2, 2022

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
Attachment 6.2 – A.7.	20	<p>The Mandatory Requirements section notes that all applicants must Provide proof of licensure by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) as an Out-Patient Mental Health Facility.</p> <p>Is this a mandatory requirement for all service categories or select service categories?</p>	This is a mandatory requirement for all services.
RFP Section 3.2	8	<p>RFP Section 3.2 states that submissions require one paper document and five digital copies of the Technical Response section, and one paper document and one digital copy of the Cost Proposal.</p> <p>Do respondents need to complete the Technical Response portion in addition to cost proposal for each individual region or only one cost proposal for each region?</p>	A respondent can submit one Technical Response with the stipulation that it can be evaluated the same for each region.
Attachment 6.2 – A.6.	20	<p>Technical Response Section A.6 states “Provide proof of education, which qualifies the individual(s) of their specified discipline, to perform the duties of this contract.” Will either a diploma or transcripts be acceptable or are both required as proof of education?</p>	A diploma and transcripts will be accepted as proof of education.
Attachment 6.2 – B.17.	24	<p>Technical Response Section B.17 states that customer references must be from individuals who are not current or for former State employees. Does this include states other than Tennessee? May respondents use customers from states outside of Tennessee as references?</p>	The term “State Employees” refers to “State of Tennessee Employees”. Individuals employed by other States are permitted to submit references.
Pro Forma: A.7.e.5; A.8.f.4; A.9.c.5; A.10.c.2	5-12	<p>In Contract sections A.7.e.5; A.8.f.4; A.9.c.5; A.10.c.2, it is stated that the contractor shall enter case recordings into TFACTS for each successful and unsuccessful contact with the family. Will contractors gain access and be</p>	The awarded contractor will gain access to TFACTS. Additionally, as detailed in A.7.e.5, the Contractor shall “Enter case recordings in TFACTS for each successful and unsuccessful contact with the family.”

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		required to enter all case recordings directly into TFACTS?	
Pro Forma: A.15.a	14-15	<p>Contract Section A.15.a states <i>“The maximum number of hours the contractor can bill the State for reasonable but unsuccessful efforts in each month is fifty percent (50%) of the authorized service hours for the service date authorized. When the Contractor has made reasonable but unsuccessful efforts, the Contractor may be reimbursed at fifty percent (50%) of the hourly rate for the associated authorized service type so long as one of the following is true:”</i></p> <p>If the contractor bills the State fifty percent (50%) of the authorized service hours for the authorized date authorized, why is there a separate cost item description line on the Cost Proposal & Scoring Guide for Unsuccessful Efforts?</p>	<p>The Cost Proposals and Scoring Guide considers all proposed costs. The respondent needs to detail what that “50% of hourly rate” will be based on the proposed “Successful Visit” amount.</p> <p>As this information will be included in the resulting contract, it is the responsibility of the respondent to ensure that it is accurately detailed.</p> <p>For additional clarification, the language on the cost proposal has been updated to reflect.</p>
Pro Forma: A.15.b	15	<p>Contract Section A.15.b states “The Contractor can only be reimbursed for time spent attempting to provide the authorized service, such as making phone calls, sending email or text communication, or making scheduled or unscheduled visits, but cannot include the time spent traveling to and from the home or other venue of services.”</p> <p>When the contractor’s staff makes an unsuccessful scheduled or unscheduled visit, how many units at half the rate can the contractor invoice the state?</p>	The contractor can invoice for 4 units (“hours”), should there be unsuccessful scheduled or unscheduled visits.
Pro Forma: A.16.a	15	<p>Contract section A.16.a states <i>“The Contractor shall provide transportation for the client(s) (child, parent, and/or caregiver) when the purpose of the transportation is directly related to an authorized service and immediately prior to, during, or following provision of the authorized service.”</i></p> <p>Does this mean that the contractor may only transport the individual listed on the current service authorization, or</p>	The contractor may transport other immediate family members as necessary as long as transportation is related to an authorized service.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		that the contractor may transport anyone within the immediate family?	
		If a contractor proposes a Family First Prevention Services Act (FFPSA) Evidence-Based Practice (EBP) within the TFP&RS contract, will the state fund the costs for contractors to be trained in this model?	The DCS Five-Year Prevention Services Plan outlines well-supported evidenced-based services that the state will fund through Title IV-E. The FFPSA Transition Act allows DCS to fund costs for providers to switch to those models listed in the plan. This is, however, outside the scope of this contract, as those transition funds for training model costs are directly related to services that will be paid through Title IV-E.
		How will the state ensure the contractor has access to the CANS and FAST assessments?	The awarded contractor will gain access to TFACTS; where they will be able to access these assessments.
		Does the RFP submission require any documentation regarding previous financial audits? If so, within which section should this documentation be submitted?	There isn't a requirement for financial audits. Please refer to Mandatory Requirement RFP Attachment 6.2- Section A for detail on mandatory requirements.
RFP Attachment 6.3 - Section C		Definition of a Unit for each service: (Therapeutic Family Support Services; Therapeutic Visitation Services; Family Violence Services; Care Coordination Services)	The "Unit" shall also be known as "Hour". See number 3 below.
		<p>To assist in projection of costs in each region, we request authorizations of units for each service (Therapeutic Family Support Services; Therapeutic Visitation Services; Family Violence Services; Care Coordination Services) broken down by region and county.</p> <p>Due to possible fluctuations of service delivery due to COVID-19 we request FY18-19; FY 19-20; FY 20-21 or any other pertinent data surrounding authorizations.</p>	<p>The requested data, does not exist. DCS compiles based on Region as detailed in the RFP document. The information provided below is regional.</p> <p>Anything related to COVID specific data is unavailable at this time.</p> <p>Family Support Service Authorizations FY2019: 1,600 FY2020: 1391 FY2021: 1,505</p> <p>Family Visitation Service Authorizations FY2019: 1,492 FY2020: 1,287 FY2021: 1,572</p>

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
			<p>Family Violence Services Authorizations</p> <p>FY2019: 285</p> <p>FY2020: 368</p> <p>FY2021: 527</p> <p>Court Authorizations</p> <p>FY2019: 224</p> <p>FY2020: 246</p> <p>FY2021: 291</p>

3. Delete RFP section 6.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

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Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), "The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract."

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to legally bind the Respondent.

RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Davidson-Family Support Services	\$ / HOUR	225	
Davidson-Family Visitation Services	\$ / HOUR	519	
Davidson-Family Violence Intervention Services	\$ / HOUR	85	
Davidson-Court Testimony	\$ / HOUR	5	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Davidson-Care Coordination Services	\$ / HOUR	20	
Davidson - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from <u>all</u> proposals <hr/> evaluation cost amount being evaluated			x 30 (maximum section score) = SCORE:
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PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
East-Family Support Services	\$ / HOUR	839	
East-Family Visitation Services	\$ / HOUR	838	
East-Family Violence Intervention Services	\$ / HOUR	100	
East-Court Testimony	\$ / HOUR	5	
East-Care Coordination Services	\$ / HOUR	15	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
East - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
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Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Knox-Family Support Services	\$ / HOUR	430	
Knox-Family Visitation Services	\$ / HOUR	259	
Knox-Family Violence Intervention Services	\$ / HOUR	72	
Knox-Court Testimony	\$ / HOUR	37	
Knox-Care Coordination Services	\$ / HOUR	20	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Knox - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
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Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Mid-Cumberland-Family Support Services	\$ / HOUR	315	
Mid-Cumberland-Family Visitation Services	\$ / HOUR	1489	
Mid-Cumberland-Family Violence Intervention Services	\$ / HOUR	45	
Mid-Cumberland-Court Testimony	\$ / HOUR	1	
Mid-Cumberland-Care Coordination Services	\$ / HOUR	20	

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Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Mid-Cumberland - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
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Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Northeast-Family Support Services	\$ / HOUR	678	
Northeast-Family Visitation Services	\$ / HOUR	243	
Northeast-Family Violence Intervention Services	\$ / HOUR	291	
Northeast-Court Testimony	\$ / HOUR	6	
Northeast-Care Coordination Services	\$ / HOUR	15	

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Cost Item Description	Proposed Cost	State Use Only	
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Northeast - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
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Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Northwest-Family Support Services	\$ / HOUR	2228	
Northwest-Family Visitation Services	\$ / HOUR	1477	
Northwest-Family Violence Intervention Services	\$ / HOUR	267	
Northwest-Court Testimony	\$ / HOUR	8	
Northwest-Care Coordination Services	\$ / HOUR	20	

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Cost Item Description	Proposed Cost	State Use Only	
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Northwest - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
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PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Shelby-Family Support Services	\$ / HOUR	373	
Shelby-Family Visitation Services	\$ / HOUR	405	
Shelby-Family Violence Intervention Services	\$ / HOUR	41	
Shelby-Court Testimony	\$ / HOUR	5	
Shelby-Care Coordination Services	\$ / HOUR	15	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
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Shelby - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
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PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
South Central-Family Support Services	\$ / HOUR	270	
South Central-Family Visitation Services	\$ / HOUR	1178	
South Central-Family Violence Intervention Services	\$ / HOUR	338	
South Central-Court Testimony	\$ / HOUR	3	
South Central-Care Coordination Services	\$ / HOUR	15	

RESPONDENT LEGAL ENTITY NAME:			
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		Evaluation Factor	Evaluation Cost (cost x factor)
South Central - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
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NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), "The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract."

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RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Southwest-Family Support Services	\$ / HOUR	132	
Southwest-Family Visitation Services	\$ / HOUR	350	
Southwest-Family Violence Intervention Services	\$ / HOUR	3	
Southwest-Court Testimony	\$ / HOUR	5	
Southwest-Care Coordination Services	\$ / HOUR	10	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Southwest - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from <u>all</u> proposals <hr/> evaluation cost amount being evaluated			x 30 (maximum section score) = SCORE:
State Use – Solicitation Coordinator Signature, Printed Name & Date:			

COST PROPOSAL & SCORING GUIDE

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PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Tennessee Valley-Family Support Services	\$ / HOUR	432	
Tennessee Valley-Family Visitation Services	\$ / HOUR	65	
Tennessee Valley-Family Violence Intervention Services	\$ / HOUR	92	
Tennessee Valley-Court Testimony	\$ / HOUR	2	
Tennessee Valley-Care Coordination Services	\$ / HOUR	10	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Tennessee Valley - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
<div> <div>lowest evaluation cost amount from <u>all</u> proposals</div> <div>_____</div> <div>evaluation cost amount being evaluated</div> </div>			<div> <div>x 30</div> <div>(maximum section score)</div> <div>=</div> <div>SCORE:</div> </div>
State Use – Solicitation Coordinator Signature, Printed Name & Date:			

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PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Upper Cumberland-Family Support Services	\$ / HOUR	811	
Upper Cumberland-Family Visitation Services	\$ / HOUR	1070	
Upper Cumberland-Family Violence Intervention Services	\$ / HOUR	156	
Upper Cumberland-Court Testimony	\$ / HOUR	5	
Upper Cumberland-Care Coordination Services	\$ / HOUR	20	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Upper Cumberland - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> lowest evaluation cost amount from <u>all</u> proposals <hr style="width: 100%;"/> evaluation cost amount being evaluated </div> <div style="text-align: center;"> x 30 (maximum section score) </div> <div style="text-align: center;"> = SCORE: </div> </div>			
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>			

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DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Smoky Mountain-Family Support Services	\$ / HOUR	455	
Smoky Mountain-Family Visitation Services	\$ / HOUR	358	
Smoky Mountain-Family Violence Intervention Services	\$ / HOUR	307	
Smoky Mountain-Court Testimony	\$ / HOUR	4	
Smoky Mountain-Care Coordination Services	\$ / HOUR	10	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Smoky Mountain - Unsuccessful family visitation efforts (Contractor may be compensated at 50% of hourly rate)	\$ / HOUR	1	
EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
lowest evaluation cost amount from <u>all</u> proposals <hr/> evaluation cost amount being evaluated			x 30 (maximum section score) = SCORE:
State Use – Solicitation Coordinator Signature, Printed Name & Date:			

4. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.